PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

POU920010097USZ

CLAIMS AS FILED - PART I								SMALL ENTITY					
TOTAL CLAIMS				(Column 1)		(Column 2)		TYPE	ENIITY	OF		R THAN . ENTITY	
			+ 4	5				RATE	FEE		RATE	FEE	
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	385.0	OF	BASIC FEE	770.00	
⊩		EABLE CLAIMS	5 m	5 minus 20=		. 0		X\$ 9=		OF	X\$18=	U	
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PR				/ minus 3 = 1		0		X43=	T .	OF	X86=	0	
┞						. 🗆		+145=		OF		0	
* If the difference in column 1 is less than zero, enter "0" in column 2							ŧ	TOTAL	+	OR		770	
	CLAIMS AS AMENDED - PART II										OTHER		
_	-	(Column 1)		(Column 2) (Column 3)				SMALL	ENTITY	OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ENO.	Total	• 5	Minus	- 2	0	=		X\$ 9=		OR	X\$18=		
A	Independent FIRST PRES	ENTATION OF M	Minus ULTIPLE DE	PENDENT	CLAIM	-		X43=		OR	X86=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=		
									<u> </u>		TOTAL		
		(Column 1)		(Colum	n 2)	(Column 3)	Αİ	DDIT. FEE	<u> </u>	1_,,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	Γ	X\$ 9=		OR	X\$18=	h h	
AME	Independent	NTATION OF ME	Minus	this Children		a	T	X43=	· · · · · ·	OR	X86=		
	. IIIOT FRESE	NTATION OF MU	LIPLE DEP	ENDENT C	LAIM			+145=					
								TOTAL		OR	+290= TOTAL		
•								OIT FEE		OR A	DDIT. FEE	\rightarrow	
OMENI C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column HIGHES NUMBE PREVIOUS	R SLY	PRESENT EXTRA	T _f	PATE	ADDI- TIONAL	Γ	RATE	ADDI- TIONAL	
	Total		Minus	PAID FO		_	上	/S C	FEE	ŀ		FEE	
MENOM	independent	•	Minus	***	-+		-	(\$ 9=		OR	X\$18=		
1	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT C	AIM		L	(43=		OR	X86=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ** ADDIT 555													
!i	the "Highest Nun	nber Previously Pai nber Previously Paid per Previously Paid	d For in this d For in this	SPACE is les	ss than :	20, enter "20."		TOTAL DIT, FEE		OR AL	TOTAL DDIT. FEEL nn 1.		
244			•.	- III.			<u>.</u> · .			٠.			